



## **News Release**

**For Immediate Release**  
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### **Utah Department of Health Rule Addresses New Abortion Law Issues**

**(Salt Lake City, UT)** – The Utah Department of Health (UDOH) has filed an administrative rule to assist in the implementation of Senate Bill (SB) 68, Prohibition of Public Funding for Abortion. The bill, which became law in early May, restricts the use of public funds for direct or indirect support of abortions except in the case of conditions that threaten the life of the mother, rape, and incest.

Due to uncertainty about the meaning of the new law, Utah doctors and hospitals suspended procedures to terminate pregnancies in the case of grave fetal defects shortly after the law took effect. The new rule includes a process that hospitals and doctors can use to determine whether they are in compliance with SB 68.

The bill did not direct the UDOH to create such a rule but UDOH responded to a request from Utah hospitals to clarify how indirect support would be determined as it relates to Medicaid funding. Medicaid constitutes the vast majority of public funds affected by the new law.

“The hospitals approached us in mid-May and asked us to create this rule to help them determine if they were in compliance,” said Dr. Scott Williams, Executive Director, UDOH. “We worked with them on the language and came up with a process that will allow them to certify that their use of public and private funds for abortions is consistent with the new law. This rule will allow Utah hospitals and doctors to resume the termination of pregnancies complicated by grave fetal defects, if they choose to.”

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Under the rule, Medicaid will ask providers who submit claims for a specific list of abortion-related billing codes to certify they are in compliance with the provisions of SB 68. Providers must document that they don't use public funds to cover any financial losses they incur for those abortion services not exempted in the law. According to Williams, even if the legislature eventually amends the law to include grave fetal defects in the list of exceptions, providers will still want to understand what they need to do to be sure they are not violating the indirect funding provision of the law.

“The UDOH is aware that the documentation requirement will create some additional accounting work for hospitals but we have been told that it is doable,” says Williams. “Independently practicing physicians usually have more limited accounting support than hospitals but almost all billing systems should be able to provide doctors with the accounting detail needed to document their compliance.”

Hospitals that perform these procedures were sent a final draft of the rule last week as was the Utah Hospital Association and the Utah Medical Association. The UDOH filed the rule for immediate implementation Wednesday, June 09, 2004. The rule will be in force temporarily while the routine rulemaking processes, including a 30-day public comment period, is being conducted. At the end of this process the final rule, including any modifications that may be made as a result of public comment, will take effect.

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*The mission of the Utah Department of Health is to protect the public's health through preventing avoidable illness, injury, disability and premature death, assuring access to affordable, quality health care, and promoting healthy lifestyles.*